

2006-2007 Arkansas Better Chance Program Staff Qualification Plan Progress Report

AGENCY INFORMATION

Agency			
Address		City	Zip
Phone		Fax	E-mail

SITE INFORMATION

Site Name			
Address		City	Zip

Classroom: ☐ A ☐ B ☐ C ☐ D ☐ E ☐ F ☐ G ☐ H ☐ I ☐ J

STAFF INFORMATION

Staff Name	
-------------------	--

Credential Sought (check all that apply)

☐ P-4 Licensure ☐ Bachelor Degree ☐ AA (Early Childhood Related) ☐ CDA
Anticipated Completion Date _____

Progress Status

☐ **Reporting Period # 1 (Date: _____) Progress Made?** ☐ Yes ☐ No
Explain and attach documentation or justification for lack of progress

☐ **Reporting Period # 2 (Date: _____) Progress Made?** ☐ Yes ☐ No
Explain and attach documentation or justification for lack of progress

☐ **Reporting Period # 3 (Date: _____) Progress Made?** ☐ Yes ☐ No
Explain and attach documentation or justification for lack of progress

☐ **Reporting Period # 4 (Date: _____) Progress Made?** ☐ Yes ☐ No
Explain and attach documentation or justification for lack of progress

I certify, under penalty of perjury, all information in this report is true and accurate to the best of my knowledge. I understand that submission of false or misleading information is cause for termination of ABC funding and referral for criminal prosecution.

Staff Member

Date

ABC Program Coordinator/Director

Date